

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/673735	FILING DATE					
						CLAIMS						
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3		2		1			53					
4		0		1			54					
5				1			55					
6		0		1			56					
7		0		1			57					
8		0		1			58					
9		0		1			59					
10		0		1			60					
11		0		1			61					
12		0		1			62					
13		0		1			63					
14		0		1			64					
15		0		1			65					
16		0		1			66					
17		0		1			67					
18		0		1			68					
19		0		1			69					
20		0		1			70					
21		0		1			71					
22		0		1			72					
23		0		1			73					
24		0		1			74					
25		0		1			75					
26		0		1			76					
27		0		1			77					
28		0		1			78					
29		0		1			79					
30		0		1			80					
31		0		1			81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			2				TOTAL IND.					
TOTAL DEP.			26				TOTAL DEP.					
TOTAL CLAIMS			38				TOTAL CLAIMS					